

L20000301876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

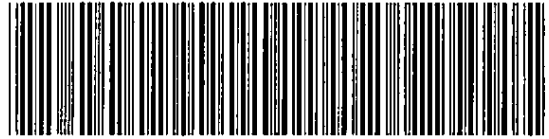
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 AUG 23 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPSON OF CORAL SPRINGS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELAINE C. DICKENSON, ESQ
Name of Person

DICKENSON LAW
Firm/Company

4800 N. FEDERAL HWY. E-100
Address

BOCA RATON, FL 33431
City/State and Zip Code

bcd@dmrslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLAINE C. DICKENSON at (561) 391-1900
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: COMPSON OF COAL SPRINGS, LLC

SECOND: The Florida Document Number of the limited liability company is: L20000301876

THIRD: The street address of the limited liability company's principal office is:

36 SE 3RD STREET
BODY RAYON, FL. 33432

The mailing address of the limited liability company's principal office is:

222 SEVERN AVENUE, BLDG 14, STE 101
ANNAPOLIS, MD. 21403.

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: _____

b. No authority granted to: ROBERT BISHOP

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

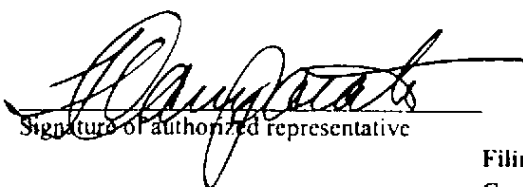
a. Granted to: ROBERT BISHOP

b. No authority granted to: _____

CLERK OF STATE
TALLAHASSEE, FLORIDA

2023 AUG 23 AM 8:15

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Signature of authorized representative

THOMAS COMPARATO
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)